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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

RECEIVED  
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY  
LEXVER LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LEXVER LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2717 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

Mailing Address:

2717 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

EDWIN ACOSTA RUBIO

Name

2717 PONCE DE LEON BLVD

Florida street address (P.O. Box **NOT** acceptable)

CORAL GABLES FL 33134

City, State, and Zip

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STATE OF FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*



Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>MGRM</u>	<u>CARMEN VERONICA RAHAL BAHENA</u> <u>2717 PONCE DE LEON BLVD</u> <u>CORAL GABLES, FL 33134</u>
<u>MGRM</u>	<u>CARMEN VERONICA RAHAL BAHERA</u> <u>2717 PONCE DE LEON BLVD</u> <u>CORAL GABLES, FL 33134</u>
<u>MGRM</u>	<u>VERONICA MORENO RAHAL</u> <u>2717 PONCE DE LEON BLVD</u> <u>CORAL GABLES, FL 33134</u>
<u>MGRM</u>	<u>ALEJANDRO MORENO RAHAL</u> <u>2717 PONCE DE LEON BLVD</u> <u>CORAL GABLES, FL 33134</u>

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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Edwin Acosta Rubio  
Typed or printed name of signer

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
  - \$ 25.00 Designation of Registered Agent
  - \$ 30.00 Certified Copy (Optional)
  - \$ 5.00 Certificate of Status (Optional)